

Rec'd PTO 02 MAY 2005

10/1533325

PTO/SB/81 (09-04)

Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	To be assigned
Filing Date	
First Named Inventor	Gary Wayne GOODSON
Title	Pharmaceutical Compositions
Art Unit	
Examiner Name	
Attorney Docket Number	PU5025USw

I hereby appoint:



Practitioners associated
with the Customer
Number:

23347

OR



Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:



The address associated with the above-mentioned Customer Number:

OR



The address associated with Customer Number:

23347

OR

<input type="checkbox"/>	Firm or Individual Name	
	Address	
	City	State
	Country	
	Telephone	Fax

I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Robert H. Brink</i>	Date	<i>2 May 2005</i>
Name	Robert H. BRINK	Telephone	919-483-8323
Title and Company	Attorney, GLAXO GROUP LIMITED and SMITHKLINE BEECHAM CORPORATION		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.



*Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Express Mail Label No.
EV 332065346 US

Received by 2 MAY 2005
10133325

PTO/SB/01 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted OR with Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge) (37 CFR 1.16 (e)) required		Attorney Docket Number	PU5025USw
		First Named Inventor	Gary Wayne GOODSON
		COMPLETE IF KNOWN	
		Application Number	
		Filing Date	
		Art Unit	
Examiner Name			

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PHARMACEUTICAL COMPOSITIONS

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on **(07 November 2003)** as United States Application Number or PCT International

Application Number **PCT/US2003/035830** and was amended on (MM/DD/YYYY) *(if applicable)*.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02/B attached hereto:

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Express Mail Label No.
EV 332065346 US

PTO/SB/01 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION – Utility or Design Patent Application

Direct all correspondence to: Customer Number **23347** OR Correspondence address below

Name

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
--	---

Given Name (first and middle [if any]) <u>Gary, Wayne</u>	Family Name Or Surname <u>GOODSON</u>
---	---

Inventor's Signature <u>Gary Wayne Goodson</u>	Date <u>20-APRIL-05</u> x
---	---------------------------------

Residence: City <u>Durham</u>	State <u>NC</u>	Country <u>NC</u>	Citizenship <u>US</u>
----------------------------------	--------------------	----------------------	--------------------------

Mailing Address

c/o GlaxoSmithKline, Five Moore Drive, PO Box 13398

City <u>Research Triangle Park</u>	State <u>NC</u>	ZIP <u>27709</u>	Country <u>US</u>
---------------------------------------	--------------------	---------------------	----------------------

NAME OF SECOND INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
---------------------------------	---

Given Name (first and middle [if any]) <u>Alison, Green</u>	Family Name Or Surname <u>FLOYD</u>
---	---

Inventor's Signature <u>Alison, Green</u>	Date <u>20-April-05</u>
--	----------------------------

Residence: City <u>Durham</u>	State <u>NC</u>	Country <u>NC</u>	Citizenship <u>US</u>
----------------------------------	--------------------	----------------------	--------------------------

Mailing Address

c/o GlaxoSmithKline, Five Moore Drive, PO Box 13398

City <u>Research Triangle Park</u>	State <u>NC</u>	ZIP <u>27709</u>	Country <u>US</u>
---------------------------------------	--------------------	---------------------	----------------------

Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02S or 02LR attached hereto

[Page 2 of 2]

Rec'd PTO/PATENT 02 MAY 2005

10/533325

PTO/SB/02A (08-03)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3	
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])	Family Name or Surname		
Cecilia, Carpenter	NAVY		
Inventor's Signature	Cecilia Carpenter Navy		
Residence: City Durham	State NC	Country US	Citizenship CN
Mailing Address c/o GlaxoSmithKline, Five Moore Drive, PO Box 13398			
City Research Triangle Park	State NC	ZIP 27709	Country US
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])	Family Name or Surname		
Inventor's Signature			
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])	Family Name or Surname		
Inventor's Signature			
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

PUS025USW

10/533325

CERTIFICATE UNDER 37 C.F.R. §3.73(b)

JC17 Rec'd PCT/PTO 02 MAY 2005

Applicant: GLAXO GROUP LIMITED and SMITHKLINE BEECHAM CORPORATION

Patent No.: _____ Granted: _____
US National Phase application: To be assigned

For: **PHARMACEUTICAL COMPOSITIONS**

GLAXO GROUP LIMITED and

SMITHKLINE BEECHAM CORPORATION Corporation

(Name of Assignee) (Type of Assignee, e.g. corporation, partnership, university, etc.)

certifies that it is the assignee of the entire right, title and interest in the patent application identified above by virtue of either:

A. An assignment from the inventor(s) of the patent application identified above. The assignment was recorded on _____ in the Patent and Trademark Office at Reel/Frame _____, and _____, or for which a copy thereof is attached.

B. A chain of title from the inventor(s), of the patent application identified above, to the current assignee as shown below:

1. From: _____ To: _____
The document was recorded in the Patent and Trademark Office at
Reel _____, Frame _____, or which a copy thereof is attached.
2. From: _____ To: _____
The document was recorded in the Patent and Trademark Office at
Reel _____, Frame _____, or which a copy thereof is attached.

Additional documents in the chain of title are listed here:

The undersigned has reviewed all the documents in the chain of title of the patent application identified above and, to the best of undersigned's knowledge and belief, title is in the assignee identified above.

The undersigned (whose title is given below) is empowered to act on behalf of the assignee.

I hereby declare that all statements made herein of my own knowledge are true, and that all statements made on information and belief are believed to be true; and further, that these statements are made with the knowledge that willful false statements, and the like so made, are punishable by fine or imprisonment, or both, under Section 1001, Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

GLAXO GROUP LIMITED

Signature: Robert H. Brink
By: Robert H. BRINK
Title: Attorney
(resolution is attached)

SMITHKLINE BEECHAM CORPORATION

Signature: Robert H. Brink
By Robert H. BRINK
Title: Attorney
(resolution is attached)

Date: 7 May 2005

Correspondence Address:

GlaxoSmithKline, Corporate Intellectual Property
Five Moore Drive, P.O. Box 13398, Research Triangle Park, NC 27709
Telephone No.: (919) 483-2370, Facsimile No.: (919) 483-7988
Customer Number: 23347